

Attachment 8
DABK05-03-R-0010

**SCOPE OF WORK FORMAT FOR PESTICIDE APPLICATION CONTRACTS
ON FORT BLISS MILITARY INSTALLATION**

Provide this filled out form to the Installation Pest Management Coordinator at the
Directorate of Environment, ATTN: Rafael Corral, for analysis and approval.
Phone 915-568-6977, FAX 568-3548

I. POINTS OF CONTACT (FORT BLISS)
Facility / Establishment / Unit Name:
Address:
Manager's / P.O.C. Name and Phone No.:
II. APPLICATION SITE
Site(s) of application (Building No., streets, roads, landscape area, etc.) Attach area maps (desirable):
Size of area to be serviced:
III. CONTRACTOR'S INFORMATION
Contractor / Company Name:
Contractor Point of contact (Name and Phone No.):
Certified Applicator Name, Certificate No., and Expiration Date (Attach copy of certificate):
NOTE: Technicians will not be approved.
IV. TARGET SPECIES
Indicate pest species to be controlled:
V. DESCRIPTION OF PROCEDURES AND SCHEDULE